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ABSTRACT

The author spells out seven meanings of the phrase mental illness and elucidates some of the controversy which surrounds it in legal, political, therapeutic and moral circles. These seven are: (1) unusually low performance level; (2) powerlessness; (3) excessive and fruitless conflict with others; (4) immorality; (5) excessively deviant taste; (6) reality distortion; and (7) lack of motivation and meaning. The judgmental nature of labeling behaviors is broached. The author draws several conclusions: (1) different behaviors, labeled as mental illness, must be treated in different ways; (2) the term "illness" is more appropriate to some cases of mental illness than to others; (3) each of the seven meanings entail deviation from some norm or standard; and (4) those involved in the institutionalization of individuals on the grounds of mental illness are obligated to spell out what norms or standards form the basis for their judgment. (TL)

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MEANINGS OF 'MENTAL ILLNESS'

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CG 006 442

Psychologist O. H. Mowrer and psychiatrist Thomas S. Szasz reduce "mental illness" and "emotional sickness" to primarily a question of morality. Mowrer claims that the "patient" is irresponsible (not "unresponsible"). Szasz, taking the side of the "patient," complains that the "mental illness" charge almost always means deviation from some ethical norm(s). (Psycho-social norms and legal norms run second and third.)

Linguistic analysis reveals that the phrase 'mentally ill' (or something similar) means in the great preponderance of cases at least one of the following:

1. Max, let us say, is considerably unable to function in a particular role (e.g., mechanic, teacher, lover, etc.) when someone in his situation, or a similar one, would ordinarily be expected to function well. His performance is abnormal in that it does not sufficiently measure up to what is regarded as normal performance for someone in his position. Explanations such as the more or less common physical illness do not appear on the surface at least to apply to Max's case.

2. Max seems unable to socialize with others without becoming involved in extraordinary conflict with them.

3. Max wants to do something, or refrain from doing something (e.g., pulling excessively at his ear), but cannot, even though other persons seemingly in his situation would not be so ineffective.

4. Max is regarded as exceedingly immoral on one matter at least.

5. Either Max's taste or his behavior is exceedingly devient from the taste and behavior standards that someone in his situation would be expected to abide by. The one making the judgment that Max is mentally ill thinks that the particular excessively devient taste or behavior in question is not trivial but quite serious. (The strange tastes of foreigners are not

necessarily judged as expressions of mental illness; but to behave as a foreigner among one's own people can sometimes evoke the charge of "mentally ill" or something similar.)

6. Max is not "reality oriented." That is, he deviates extremely from what the one making the judgment regards as "reality," especially when the one making the judgment thinks it very important to be clear and straight thinking on the particular matter in question.

7. Lack of insight or awareness

The first thing to note in all six of the above is that the "mentally ill" person's deviation from whatever norm is utilized is extreme deviation. Secondly, the analogy of illness (as a kind of helplessness) seems to be more appropriate to the first three than to the second three. Thirdly, these six meanings do not seem to be reducible to one common meaning. Each purports to be a descriptive definition of 'mental illness', although some are also used as causal explanations of some of the others. Sometimes either four or six is given to explain one, two, or three. Yet one is sometimes given as explanation of two through six.

How much should therapists as therapists deal with matters four, five, and six? Does psychological therapy resemble medicine more than it resembles moral reformation? What legal force should the "mentally ill" label have on either penalyzing or exemption from penalty? When is compulsory commitment not incarceration?

MEANINGS OF 'MENTAL ILLNESS'[1]

I. Seven Meanings

The phrase mental illness is used in a variety of ways in a variety of contexts. In this paper I wish to spell out some of those meanings with a view toard elucidating some of the controversy that arises around the phrase in legal, political, therapeutic, and moral circles. It is doubtful that there is a common thread on which each of these meanings may be strung, but this does not imply that a reliable and appropriate meaning cannot be cornered and trapped in the context in which the phrase happens to occur. Even when used emotively, it is not totally divested of cognitive meaning. Let us then ask, What are some of the meanings of the phrase mental illness or mentally ill?

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1. This paper is a revision and expansion of a paper under the same title which I presented at the 1971 annual meeting of the Southern Society for Philosophy and Psychology.

CG 006 442

A. Unusually Low Performance Level

Max, let us say, is considerably unable to function in a particular role or to measure up to certain expectations whereas someone else in his situation, or a similar one, would ordinarily function well. His performance is abnormal in that it does not measure up to what is regarded as normal performance for someone in his position. If it is believed that some organic brain disturbance prevents his measuring up to the norm, people are often not sure whether to refer to the specific malfunction in the brain as mental illness. In some contexts the phrase mental illness is less an explanation than a description or classification of the below-normal overt behavior which a person manifests.

What the role or task is which the individual would ordinarily be expected to carry out can vary greatly. A mother may be described in some contexts as suffering (or suffering from) mental illness if she is greatly deficient in the routine tasks of bathing her infant or cooking meals for her family. A male lover, if expected to produce an erection upon certain occasions, may be described as suffering a measure of mental illness (or more moderately, emotional illness) if he cannot perform appropriately. A mechanic who continues dropping carburetors or losing auto parts, or draftsmen who can no longer perform some of the simple tasks which they ordinarily could do, may be classified as mentally ill.

There are of course other words which their co-workers might use to describe them--e.g., strange, odd, wierd, whacky, etc. A highly specialized person in the field of abnormal behavior may not use the phrase mentally ill because he has more specific sub-divisions of the general mentally ill behavior.[1] The

1. Seldom does, say, a surgeon describe his patient as sick or ill. That is too general.

phrase mentally ill is of course a very loose term even when it designates performance that is considerably below par. It serves nevertheless to eliminate other descriptions and explanations and also serves to suggest, tentatively at least, a direction in which to look for a more concrete and practical explanation of the behavior or, if not an explanation, at least a remedy or resolution of the problem.

Perhaps it should be pointed out that the considerable inability to perform as usual may not entail gross immorality, or at least not unambivalent immorality. If a worker for a Nazi execution squad suddenly finds that his limbs are paralyzed so that he can no longer force Jews to march to their death, he might be suffering from guilt, whereas other Nazis carry out their tasks with great proficiency. A therapist who is not a Nazi might be asked to "cure" the patient of his guilt so that he may resume his work and perform his executions more efficiently. If the therapist is a Jew, or if some of his friends are Jews, he confronts a moral dilemma. Indeed, perhaps he will find that he is unable to perform his job as a therapist. His usual and normal skill gives way to fumbling and general ineffectiveness. Will he be classified as mentally ill?

B. Powerlessness

Related to the previous meaning of mental illness is the case of a person's inability to do something, or to refrain from doing something, that ordinarily he could do or refrain from doing. What this and the above meaning seem to have in common is a kind of helplessness, which is why the term illness seems to have some appropriateness. John wants to quit pulling excessively at his ear whenever he watches football on TV, but he seems helpless in controlling himself. May does not want to scream at her children so frequently and uncontrollably, but she is powerless to change. Her reactions are excessive, too extreme, i.e., abnormal. Psychoanalytic literature is filled with cases of persons who are unable to do ordinary things, or to refrain from doing harmful things, despite themselves.

There are many things that can effect powerlessness in various areas of an individual's (or a group's) life. Lack of imagination in uncovering options to act upon is often a major cause of powerlessness. One writer, attempting to establish greater rapport between psychiatry and existentialism, goes so far as to say that

> The fundamental approach to the treatment of the mentally disturbed is outlined by our discovery of the freedom of imagination in the projection of possibilities. The patient must be opened to new possibilities that will calm his disturbed emotions and allow him to experience the world in such a manner that it motivates a mode of action that at once makes it possible for him to find satisfaction in life and to carry out necessary social tasks.[1]

Of course, in some cases lack of imagination is itself a form of powerlessness, which in turn effects powerlessness in other areas of living.

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1. Robert R. Ehman, "Freedom," Journal of Value Inquiry (Fall 1968), p. 120.

C. Excessive and Fruitless Conflict with Others

The phrase mentally ill is sometimes used to indicate an individual's inability to socialize with certain others without becoming involved in extraordinary and fruitless conflict with them. Freud speaks of the person who appears to have a pattern of winning the affection and trust of others in friendship and then turning upon them with various forms of insulting, enigmatic, or odd behavior inappropriate to a friendship relationship. It is as if this person loves in order to hate, encourages intimate friendship in order to hurt others more profoundly.

Mental illness is often used to designate the behavior of a person who seems fixed on a pattern of turning a rather simple problem of communication into a kind of war game, or of turning relatively smooth interpersonal relationships into fruitless frustration. To be sure, it is often difficult to distinguish at first glance fruitless tension among individuals from "creative tension" (P. A. Bertocci).[1] It is the former that is often characterized as mentally ill, which is not to say that mental illness means, in this context, anything other than the fruitless conflict itself.

By the time a child is six years of age he usually has internalized a major portion of the communication system of his society. An "abnormal" child may lack this skill and therefore reveal inappropriate behavior (verbal or otherwise). He lacks a certain predictability, which may be the by-product of his parents' failure to communicate coherently to him and to

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1. Cf. Lawrence Kubie, Neurotic Distortion of the Creative Process (New York: Noonday Press, 1965), pp. 117ff.

reveal their own feelings and wishes directly and consistently without putting the child in "the double-bind."[1] Children who do not receive clear and consistent cues in reliable patterns regarding what they and others may expect from one another will likely manifest either excessive and fruitless conflict with others or considerable withdrawal from others. Indeed, some children are programmed to feel that fruitless conflict and unnecessary suffering is really a necessary part of their lives. The phrase mental illness is sometimes used to label such an attitude and its accompanying behavior.

In our periods of mental illness of varying degrees we may greatly misinterpret the cues of others or we miscue others, mislead them, and in effect deceive them.[2] Doubtless it is at this point that men such as O. H. Mowrer and William Glasser see "insincerity" as a mark of mental illness. Theodor Reik and Karl Menninger regard some martyrs as basically insincere in the sense of feigning one motive for another.

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1. Cf. Ray L. Birdwhistle, Kinesics and Context: Essays on Body Motion Communication (Philadelphia: University of Pennsylvania Press, 1970), Chapter I.

2. Cf. ibid., p. 24.

D. Immorality

Often the phrase mentally ill means in some contexts either alleged immoral behavior itself or certain factors bringing it about. And the behavior must be regarded as exceedingly immoral before it becomes designated as mentally ill behavior. O. H. Mowrer is a psychologist noted for his insistence that virtually every form of mental illness other than organic malfunctioning is irresponsible or immoral behavior. Whether or not this irresponsibility or immorality is a symptom of something else is not always made clear by Mowrer. Sometimes it is regarded as symptom; at other times, cause. In any case, Mowrer seems to want direct treatment of the irresponsible behavior itself, which places him closer to Skinner's behavioristic therapeutic method than to the psychoanalytic method or technique.[1] Like Mowrer, psychiatrist Thomas S. Szaaz believes that in a great number of cases mental illness means moral conflict. Or, rather, it is used to disguise moral conflict. And whereas Mowrer seems primarily concerned to keep the immoral from hiding behind the mental illness label, Szaaz seems primarily concerned to expose society's attempts to use the label to do injustice to those whom society regards as deviating from society's moral, legal, or psychosocial norms.[2]

There is, however, no theoretical conflict between Mowrer and Szaaz. Mowrer simply tends to side with society, Szaaz with the accused (patient, client). Both prefer to eliminate the phrase mental illness as misleading and

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1. Cf. O. H. Mowrer, The Crisis in Psychiatry and Religion (New York: D. Van Nostrand Company, 1961), p. 240.

2. Cf. Thomas S. Szaaz, American Psychologist (1960), XV, 113-118.

as covering up irresponsible behavior or the part of either the individual (Mowrer) or the part of society or some group (Szaaz).

In a discussion at the University of Redlands (California) in 1966 Mowrer acknowledged that morality is not always to be identified with what society says it is. This is a difficult problem for Mowrer, as for us all, but he does seem to acknowledge that a person may be responsible even if he rejects certain rules, etc. which society professes to be moral in nature. However, Mowrer's point is that the responsible person in conflict with society must not be in conflict with himself. If he is to avoid the charge of irresponsibility or immorality, he must not profess one thing and practice another. If he rejects certain social norms, he must be prepared to defend his own intelligently.

This of course raises the question as to whether or not society (or some aspect of it) may be judged as mentally ill in the sense of not living up to (or even entertaining) certain moral norms and standards. Indeed, it is not inconceivable that some aspect of the entire human species could be judged as mentally ill in the sense that it fails miserably to live up to certain moral norms (or certain other norms, for that matter).

There is a strong temptation for a therapist to assume that if a certain form of behavior is immoral in the therapist's own judgment, then the cause of such behavior must also be bad. Robert N. Whitehurst refers to this as "the 'evil' causes 'evil' fallacy." For example, let us suppose that an extramarital relationship of a sexual nature is immoral. The temptation is to look for some neurotic cause or other "evil" cause of the immoral practice.

"Abnormal" behavior, we are tempted to say, is produced by "abnormal" causes. Unfortunately, besides using the term "abnormal" in an equivocal way, we are presupposing in a priori style that something else must be "wrong" with a person who behaves in a way that we judge as morally "wrong."

Whitehurst argues in effect that we must be empirical, not a priori, in searching out the causal factors of behavior, whether the behavior be taken as moral or as immoral. In this connection he writes that

> an increasingly large proportion of adultry of certain types cannot be considered a function of seriously neurotic personality disturbances. By this is meant that many persons can and do commit adultry without strong guilt feelings, without underlying intrapsychic complications, or other commonly described neurotic symptoms. Rather, adultry, of the type described in this paper involving extramarital involvements of upper-middle class business and professional people, can be considered an extension of fairly normal (meaning non-pathological) behavior.[1]

It has even been argued that extramarital sexual relationships may be a "healthy" way of living in a society suffering the malady of "alienation." In fact, a person who believes that adultry is immoral might argue consistently that, given the condition of social alienation, adultry is in some cases "healthy." The immorality, then, would lie in the social structures that produce the alienation that makes adultry a successful means of adaptation. Needless to say, therapists differ greatly at this point. One group may seek

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1. Robert N. Whitehurst, "Extramarital Sex: Alienation or Extension of Normal Behavior," In Extramarital Relations, ed. Gerhard Neubeck (Englewood Cliffs, N.J.: Prentice Hall, Spectrum Book, 1969), pp. 133f. Cf. John S. Cuber and Peggy B. Harroff, The Significant Americans (New York: Appleton-Century-Crofts, Inc., 1965).

to expose the individual's attempt to rationalize his adulterous behavior, while another group may seek to help him be relieved of the excessive guilt which an alienated and puritanical society has inflicted upon him.

Therapists seem to become inevitably involved in some of the moral problems of their patients. Indeed, "being healthy" is itself sometimes taken to be the highest moral standard. Hence, if, say, adultry can be satisfactorily practiced under this standard, then by definition adultry would not be regarded as immoral. But this is a very complex question beyond the scope of this paper.

E. Excessively Deviant Taste

A person is often called mentally ill if he persists in being exceedingly deviant in his taste from those about him. Those making the judgment that, say, Max is mentally ill because of his excessively deviant taste believe that the deviancy is something serious and not trivial--otherwise Max would be described by less serious terms.

The strange tastes of foreigners are not usually regarded as manifest mental illness--not for the foreigners. But to behave as a foreigner among one's own people may often evoke the charge of mentally ill or something similar.

This raises a very serious problem for a society that changes rapidly and enjoys a number of divergent life-styles. Without a principle of toleration (which does not insist on total approval but on at least mutual personal acceptance), the strange tastes of various life-styles could so occasion great estangement among life-styles, as to lead those adhering to one life-style to assume the others to be by and large mentally ill. The meaning of mentally ill in such cases would be either the estrangement itself taken as very serious indeed or this estrangement plus something else, e.g., belief that the others are greatly immoral or incapable of meeting certain life-style norms such as hard work, or easy-going enjoyment, etc.

F. Reality Distortion

In many cases to judge that someone is mentally ill is to say that his view of reality (or of some aspect of reality) deviates extremely from what the one making the judgment regards as "reality." This is especially true when the one making the judgment thinks it very important to be clear and straight-thinking on the particular matter in question. Hallucinations, wierd fears, way out notions, screwy ideas--these are popular ways of labeling certain perspectives of reality that are judged (rightly or wrongly).to be greatly distorted.

Of course, to talk of reality is to presuppose some test or tests of truth. Alasdair MacIntyre seems to assert a kind of cultural relativism version of truth-tests.[1] But this approach fails to account for the fact that there may be cross-cultural communication. In fact, MacIntyre himself keeps talking of relevancy, which turns out to be another way of talking of empiricism in the broader sense of the term.

Sidney Hook rightly criticizes this sociological view of knowledge[2] and shows how the developing scientific method is a more rigorous and systematic expression of the thinking procedures used by men everywhere. Hook writes:

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1. Cf. MacIntyre, "Is Understanding Religion Compatible with Believing?" in Faith and Philosophers, John Hick, ed. (New York: St. Martin's Press, Inc., 1964).

2. In their book The Social Construction of Reality: A Treatise in the Sociology of Knowledge (Garden City: Doubleday, 1966), pp. 1f., Peter Berger and Thomas Luckmann "disclaim any pretention to the effect that sociology has any answer to these ancient philosophical [i.e., epistemological] preoccupations."

> Learning from these simple inductions of experience is usually the first manifestation of intelligence. The violation, or rather the attempted violation of established inductions, like walking off a roof or out of a window, is sometimes the first evidence of insanity.[1]

The broad criterion by which we test our subsidiary tests of what is true in a particular field of inquiry may be called "empirical coherence." A statement or set of statements is true to the extent that it approximates this ideal criterion. We make statements which purport to be empirically relevant, i.e., plugged into empirical perception either directly or indirectly. And we then seek to gain for our statements membership in some more or less coherent scheme of statements. We are suspicious of statements that are inconsistent with our broader scheme of statements that hang together in a relatively coherent system. Where there is inconsistency, we tend to wonder if our original empirical statements are as empirically relevant as we had perhaps taken them to be.

We may distort reality in the direction either of inconsistency or of decreasing empirical relevancy. Usually when we distort, we do so in both directions and in varying degrees. A true body of beliefs is like a plane ticket that carries us a long way in the world. Now and then however we have to get another ticket or supplement the one we have. Of course if a person does not wish to travel too far in the empirical world with its "brute" giveness, then he may split away from much of the empirical inflow and build

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1. Hook, "Naturalism and First Principles," in Quest For Being and Other Studies in Naturalism and Humanism (New York: Dell Publishing, Delta Book, 1963), p. 182.

himself a fortress a la schizophrenia. Unfortunately, empirical bruteness has a way of seeping through our fortress and bringing it down upon us.

This is not the place to go into detailed discussion of the criterion or criteria of truth. It is sufficient to stress again that, while there are no degrees of reality, there are degrees of truth, which is not to say, however, that an extreme degree of untruth is in some cases an insignificant thing. On some issues or problems a low degree of either consistency or empirical relevancy could bring about dire and destructive consequentes. While the pleasure-principle may be the criterion for judging what is of value or disvalue, the reality-principle is that by which we acknowledge that some empirical factors of the world either are not sources of pleasure themselves or are destructive of other sources of pleasure. Mental illness is often used to mean an excessively ineffective and frustrating procedure for coming to terms with the pleasure-principle and the reality-principle.

G. Lack of Motivation and Meaning

It is a popular notion that among either the desperately poor or the affluent the problem of meaninglessness sometimes comes to the forefront and sends the human personality into a kind of Nothing-makes-a-difference syndrome. Whether this popular "social class illness" is scientifically verified is a question which we may here put aside. (Having recently completed a paper "Meaning of the 'Meaning of Life'" which seeks to clarify what is meant by such phrases as "a meaningful life" and "a meaningless life," I will not elaborate on this theme.) The phrase mentally ill is frequently being used today to refer to the phenomenon of not being strongly motivated and not finding "meaning" to one's existence. The ailing subject seems to be neither goal oriented nor greatly content to enjoy each experience as it comes. The future does not appeal to him and the present is either boring or downright painful. Many affluent persons are disillusioned about the possibilities of the future, while the excessively deprived may believe that the future (at least the earthly future) will simply be a rerun of the present tale of sorrows.

II. Some Conclusions

Now one practical conclusion to be drawn from this analysis of mental illness is that it means a number of things which must be "treated" in a variety of ways. Moral training may indeed be the proper treatment for some who are irresponsible, while moral training for, say, the greatly deprived members of society who feel that their lives are meaningless would be at best premature and at worst infuriating and productive of even greater frustration. (Individual morality does not breathe too well in an atmosphere of what is believed to be excessive social and public immorality.)

Another conclusion to be drawn from the above study is that the term illness in the sense of helplessness is more appropriate to some cases of mental illness than to others.

A third conclusion is that each of the above meanings of mental illness seems to entail deviation--usually extreme deviation--from some norm or standard. Much of the confusion in controversies regarding mental illness, while appearing to be over empirical matters of fact, is seen upon further investigation to be disagreement as to the norm or standard being used. The confusion is further complicated by the fact that a particular norm may itself be seen as greatly deviant from another norm. There is no pre-established harmony of norms having to do with the question of mental illness. There would of course be some advantage if some harmony among norms could be worked out and through, but this is no simple task, although oversimplified recommendations are easy to come by. Doubtless G. E. Moore's somewhat misguided "naturalistic fallacy" was an attempt to counter this oversimplification. The extreme divorce of "fact" from "value" which emotivism perpetuated has also thrown a wrench in the wheel of oversimplification.

However, some new reconstruction is needed, as the leading emotivist C. L. Stevenson realizes when he writes that reason leads us to alter or change our values

> only because they lead us to connect a given object of approval with other things, the latter too being objects of approval or disapproval. So in effect, a given attitude is strengthened or held in check by the force of many other attitudes.[1]

One reason that utilitarianism has always dominated a major portion of the debate in the field of ethics is that it has so much to offer. The emotivists began to acknowledge the utilitarian undertow of their position when they began arguing in effect that attitudes have consequences for other attitudes, and beliefs have consequences for attitudes as well as other beliefs. One clear ingredient of sanity (mental health, etc.) as generally understood is that one is able to face up to and weigh the consequences of behavior, attitudes, and beliefs. Much of the time of any therapist (whatever his denomination) is spent in assisting the client or patient in learning how to come to terms with certain consequences having important bearing on his life.

The fourth conclusion is that the therapist functions in some ways as a physician. In other ways he functions more as a pedagogue or tutor. In still other ways he may resemble the old Methodist "exhorter." In some cases he is a referee in group therapy.

The fifth conclusion is that those lawyers, psychiatrists, teachers, and the like who sometimes are influential in getting individuals institutionalized

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T. Stevenson, "Ethical Fallibility," in Ethics and Society, ed. R. T. DeGeorge (Garden City: Anchor Books, Doubleday, 1966), p. 214.

on the grounds of the mental illness of the individuals are obligated to spell out clearly what norm(s) or standard(s) they are using in making their judgment.